

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		2/3/99
O.I.P.E. CLASSIFIER		8	2-8-99
FORMALITY REVIEW	W	W	

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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